

Illumina GAII Sample Drop Off Form

PI Name on Genome Center
Account used for billing this order: _____

DaFIS Account (must be
current in above account): _____

Date: _____

Name: _____

Phone Number: _____

Email: _____

	Sample #1	Sample #2	Sample #3	Sample #4	Sample #5	Sample #6	Sample #7
Sample Name on Tube							
Tube Type (2.0, 1.5 or 0.5 ml)							
Sample Volume (ul)							
Sample Concentration (ng/ul or nM). If bioanalyzer derived, provide documentation							
Perform Bioanalyzer QC library check? Y/N							
Type of Run: Single Read, Paired End or other (please describe)							
# of Cycles							
Save images > 1 month (if no, images will be automatically deleted)?							
Reference Genome for Alignment							
Special Instructions (eg, analysis prefs, priority)							